

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Nita Lowey for Congress

A. Full Name (Last, First, Middle Initial) Ossining Democratic Committee

Mailing Address 9 Stonegate Road

City Ossining State NY Zip Code 10562

Purpose of Disbursement
Transfer of Excess Campaign Funds

Candidate Name
Ossining Democratic Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D353110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Pro Choice Voter

Mailing Address 47 Mamaroneck Avenue

City White Plains State NY Zip Code 10601

Purpose of Disbursement
Contribution

Candidate Name
Pro Choice Voter

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D353127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Rye City Democrats

Mailing Address PO BOX 534

City Rye State NY Zip Code 10580

Purpose of Disbursement
Transfer of Excess Campaign Funds

Candidate Name
Rye City Democrats

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D353111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1850.00

TOTAL This Period (last page this line number only)